

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-020991

STATE FILE NUMBER

318

1003

4860

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

VS 300

Rev. 4/59

STATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK

OR
TYPEWRITER RIBBON

FILED MAY 23 1962

1. PLACE OF DEATH

a. COUNTY

Mo

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo

b. COUNTY

admission)

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR
TOWN

St Louis Mo

Length of stay in 1b

20 Years

c. CITY

OR
TOWN

St Louis Mo

Inside Limits

Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR
INSTITUTION

Jewish Hospital

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)

ADDRESS

321 N.Boyle Ave

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED

(Type or print)

First

Louis

Middle

Ira

Last

Shoulders

4. DATE

OF
DEATH

Month

5

Day

11

Year

1962

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒Never Married ☐Widowed ☒Divorced ☐

8. DATE OF BIRTH

8-26-1900

9. AGE (last birthday)

61

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Rooming House Mgr

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

Hopkinsville Ky

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Ira Pleman Shoulders

13b. MOTHER'S MAIDEN NAME

Katherine Cox

14. NAME OF HUSBAND OR WIFE

June Marie Shoulders

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

17. INFORMANT

Address

June Marie Shoulders 321 N.Boyle Ave

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

thrombosis of circumflex coronary artery

INTERVAL BETWEEN

ONSET AND DEATH

immediate

DUE TO (b)

atherosclerosis of coronary arteries

1956

DUE TO (c)

hypertensive cardiovascular disease

4201F

1953

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☒ NO ☐

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

superficial laceration of scalp on falling with thrombosis.

20c. TIME OF INJURY

Hour

a.m.

Month, Day, Year

8 AM 5-11-62

20d. INJURY OCCURRED WHILE AT WORK ☐NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

home

20f. CITY, TOWN, OR LOCATION

St. Louis, Missouri

COUNTY

STATE

21. I attended the deceased from June 17, 1961 to May 11, 1962 and last saw him alive on May 11, 1962

Death occurred at 9:15 AM

m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

David M. Lieberman, M.D.

22b. ADDRESS

457 N. Kingshighway, St. Louis, Mo.

22c. DATE SIGNED

5-12-62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

5-11-1962

23c. NAME OF CEMETERY OR CREMATORY

Valhalla Cemetery

23d. LOCATION (City, town, or county)

St Louis County

(State)

Mo

24. FUNERAL DIRECTOR

ADDRESS

3840 Lindell Blvd

25. DATE RECD. BY LOCAL REG.

MAY 14 1962

26. REGISTRAR'S SIGNATURE

Earl Smith. M.D.

Dr David Lieberman
457 N. Kingshighway
12.30. to 5.PM Saturday

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Francis Williamson

Licensed Embalmer No.

3565

P. O. Address

3840 Lindale

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.